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The Contribution of Child-Caring Agencies in Solving Problems of Mental Disorder

(Abstract of paper given by Alfred F. Whitman, Executive Secretary of the Children's Aid Association of Boston, Massachusetts, at the meeting of the American Association for the Advancement of Science, Advance Contribution to Symposium on Mental Health, a Section on Medical Sciences, Richmond, Virginia, December, 1938.)

A SMALL but increasing number of child-caring agencies are furnishing an important auxiliary service to child guidance clinics, psychopathic hospitals, and other psychiatric units. Those working in the field of mental ailments would do well to inform themselves of services which may be at their very doors, or if such service does not seem to be available, it may be that in the community there is a children's institution or a child-placing agency which could render such assistance, if it was aware of the necessity of adjusting its work to the newer and different needs of childhood.

A few old organizations have already been flexible enough to do this very thing. Before the turn of the century, there was a definite trend away from the conventional practice of placing children in large institutions, because of poverty in the home. Many such agencies abandoned their large plants in favor of foster family care, or expanded their programs by the addition of foster home placement services and social investigation of applications and discharges. This trend was greatly accentuated by the First White House Conference on Child Care called by President Theodore Roosevelt in 1909. This Conference reported, in substance, the following: First, the best place for the child was his own home, and it was socially sound and just to provide adequate financial assistance to allow the child to remain in his own home. Second, if for unusual reasons, it should become necessary to remove him from his own home, he should be cared for with his own relatives. And third, if there were no such relatives available, he should be placed in a foster family, the best substitute for his own home.

One would not need the powers of divination to predict that with the passage of time many radical changes would come about as a result of the accept-

ance of the principles of the White House Conference. The program of Mothers' Assistance and, more recently, of the Aid to Dependent Children is a definite sequel. Children's organizations, both institutional and those using foster family care, loyal to these same principles, would not accept children from their homes on the basis of financial need. The corollary is a greater recognition of the principle that care away from a child's own home is justified only on the basis of some unique need. What are these unique needs and why do they come to our attention?

Many old endowed institutions have transformed their work and now render up-to-date service in the analysis and diagnosis of problem children. The New England Home for Little Wanderers, in Boston, has set a high standard and has inspired many organizations with existing plants to work out similar programs. The Children's Aid Society of Cleveland is an example of an old institution for child care which in recent years has devoted its energy to child guidance work for the benefit of all the agencies and for all the children of the community. Many of the more progressive placing agencies are now using foster home care for delinquent children and others presenting serious problems of personality.

The private agency, as a practical matter, is more favorably situated to render these new services. It may be free to limit its intake, diverting its funds to expert services, which usually means that fewer children are accepted. This, in turn, means that staff workers have smaller case loads and are thus able to treat each child as an individual having his own unique difficulties. Both psychology and psychiatry have stimulated this idea of treatment of the child as an individual.

In studying some of the cases referred to the Boston Children's Aid Association by child guidance clinics, it was found that very few bear the definite label of psychotic; rather, they seem to be designated as pre-psychotic, psychoneurotic, hysterical, or post-encephalitic. In fact, most psychiatrists, in dealing with the children's agencies at least, are loath to give a

definite label of psychosis to a child who, as an adult with similar symptoms, might be thus characterized.

Referral is usually based on the belief of the clinic that the patient shows symptoms of disorder or maladjustment or emotional upset which, if ignored or neglected, would make for even greater maladjustment, greater unhappiness, and greater tension in the child's social relations, possibly resulting in mental illness. Such cases are sometimes referred to the children's agency with or without some plan for continued therapy on the part of the clinic. Occasionally, a problem is referred to an agency for the purpose of relieving an acute or tense situation in a child's home, and many illustrations could be given to show how parents on the verge of mental disorder have been greatly helped by having a troublesome, though innocent, factor removed. Then, again, there are instances where the assistance of the agency is called for, to help in the matter of diagnosis which sometimes cannot be made in the bad home environment. The writer believes that this kind of work is highly experimental and that there is great need of research and study so that both clinics and children's organizations may be helped in knowing how far relief may be found through the child-placing processes.

Many instances, both successful and unsuccessful, can be given by way of illustration. One problem referred by the Psychiatric Clinic of a large general hospital to the Children's Aid Association for foster care during intensive psychotherapy was a girl of sixteen. She came from a country district and had been absent from school for over a year. There was no problem of delinquency, but the girl showed personality difficulties that superficially appeared to be physical. She was unable to do any work and would sit in a rocking chair all day, seldom leaving the house. Other seeming difficulties were pains in her ears, shortness of breath, trouble with her eyes, inability to read, nervousness when talking, and general irritability. The local doctor was unable to discover what the difficulty was and sent her to the hospital where careful examination showed that there was no physical difficulty. The girl was then referred to the Psychiatric Clinic where her symptoms were readily diagnosed as psychoneurotic.

The girl's father being on low wages, the family lived poorly—from hand to mouth. There were no social outlets and few interests, not even the church (the parents were of mixed religion and there was no church connection). On the developmental history, there were few things of significance. Again, in the physical examination at the clinic, the doctors found

nothing worthy of note and emphasized the psychoneurotic basis.

As to habits, it was reported that the girl was stubborn, afraid to be alone, and enuresis had continued until she was fifteen years of age. The girl had no boy friends, no definite information about sex relations, but great curiosity. She had left school at sixteen, and at that time could not read; she could not see the words. Glasses did not correct the difficulty. She was subject to crying spells. In school she had to repeat three grades, was timid in classes and particularly afraid to recite. She was friendly with girls, but was not one of them, because she could not play, swim, and engage in other outdoor activities. The psychiatrists noted emotional aspects closely related to the presence in the family of a younger, attractive, successful sister who had a great many boy and girl friends. Furthermore, it was believed that she suffered from certain traumatic experiences, such as hearing her mother in confinement during her adolescence and attending at the bedside of a neighbor, a cancer patient, for whom she had to act as nurse.

The Psychiatric Clinic tried to work out treatment in the child's own home, but no progress was made. During the period of observation and treatment, a vocational test brought out the fact that she had certain creative and artistic ability. At the point where the Clinic decided that it would fail, if the environment could not be changed, the child-placing agency was asked for help with the problem. The clinic prescribed that the girl should be placed in a foster home where there were other young people and in a small town with easy access to the movies, but in a nearby community so that she could attend the clinics at the hospital. It was further suggested that it might prove useful to develop her artistic and creative ability.

Accordingly, the agency set to work and found such a place about ten miles from the city. When the foster mother first proposed that the girl go to the movies, Martha was alarmed; at first she thought she could not go because she would not be able to sit through to the end, but the mother took it for granted that Martha would go to the movies, to church, and other functions in the town as did her own girls; and, as a matter of fact, Martha went and soon fell into the routine of life of the foster family. She assisted in household duties, attended junior high school, and, in a small class in a nearby civic center she had an opportunity to try her hand at dress-making. At the clinic treatment camp she was assistant to the craft counselor. She became very en-

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Prevention of Delinquency Through Rehabilitation of the Family

SUSAN K. GILLEAN

Executive Secretary, Children's Bureau, Louisiana Society for the Prevention of Cruelty to Children

THE social worker in a children's protective agency is in somewhat the same position as the famous Light Brigade, only it is personality problems that volley and thunder to right and left of us, and "ours is to reason why," and also "to give reply."

A program for the Prevention of Neglect of Children resolves itself in the last analysis into a program for the Prevention of Delinquency.

The sociologist and the psychiatrist essay to analyze the causes and announce the cures for delinquency. The case worker in the protective agency, confronted with every type of behavior problem known to man, proceeds to try out the various theories and to pass judgment as to whether or not they work.

Without making a survey or even collecting statistics, without reading the Gluecks' findings in "One Thousand Juvenile Delinquents," the protective worker is aware, from her own observation, that the child's own physical condition, the neighborhood in which he lives and the recreational opportunities, the economic status of his family, the housing conditions and the disillusionment that comes from crowded and sordid living conditions, all these are contributing factors in delinquency. In fact, almost every city now has mapped out its Delinquency Areas, and they are identical with the areas in which the low income group dwells.

The protective worker also realizes that patterns of behavior seem to exist in families, and where there is a pattern of anti-social behavior, almost every boy in the family will be known to the Juvenile Court, and the girls will resort to devious means of securing income. In such families of delinquents the intelligence rating is generally extremely low.

The questions that are constantly being raised in the protective worker's mind are—"Why aren't all the children delinquent who live under these sordid and disillusioning conditions? What is the saving grace that keeps so many of these youngsters from resorting to anti-social behavior?"

Having reached this point in her reasoning, the protective worker turns to the psychiatrist for help in understanding the difference in the reactions of two children who have always lived in the same home

and neighborhood; and here we learn that these same two children have not been subject to the same environment.

In "New Light on Delinquency and Its Treatment," Drs. Healy and Bronner have given the following analysis of the causes of delinquency in children:

"Among the 143 delinquents accepted as cases for treatment, major emotional disturbances were discovered to exist in 131 instances (92 per cent). Our studies of these delinquents and their family lives show:

"Feelings of being rejected, unloved, or insecure in affectional relationships—53 cases.

Deep feelings of being thwarted in self-expression and other self-satisfactions—45 cases.

Marked feelings of inadequacy or inferiority in some situations or activities—62 cases.

Emotional disturbance about family disharmonies, discipline, etc.—43 cases.

Great persisting sibling jealousy or rivalry—43 cases.

Deep-set internal emotional conflicts—19 cases.

An unconscious sense of guilt and feeling of need for punishment—discovered in 11 cases."*

"It, then, has become clear to us that, though in popular and often in more technical discussion the effect of environmental stresses is so tremendously emphasized, only a small proportion of delinquency can be interpreted alone in terms of external circumstances. The evidence for this is obtained when delinquents are thoroughly enough known so that their emotional or feeling life is revealed. To be sure, since delinquency is the individual's reaction to his environment, in all instances life situations and social pressures do play a part in the production of delinquency. But the above findings, and particularly our later comparisons of delinquents and non-delinquents, prove conclusively that vastly more dynamic is the subjective side of the delinquent's life, his feelings, attitudes, and mental content."*

Many other psychiatrists enlarge upon the theme that emotional tension and the thwarting of the normal emotional needs of childhood are the primary causes of delinquency. The origins of delinquency

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BULLETIN

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C. C. CARSTENS, Editor

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Staff Participation?

THE following statement appears in the January, 1939, issue of the *Compass*, publication of the American Association of Social Workers:

"It has been a slow business to bring down to earth the originally airy concept of participation by the client in what the social worker does about him and his affairs. Only recently have benevolent notions about participation as a privilege or a concession given way to a common-sense conviction that the virtue of client participation lies in its necessity, that without it the services rendered to the client by the social worker are likely to miss their mark.

"In other realms of social work activity participation is having harder sledding. Is this because social workers are more recalcitrant subjects than clients? Or are they willing to work harder for clients than for themselves? In any case, board-staff relationships, even in standard-setting agencies, are usually not the happiest examples of participation and, more frequently than not, are infected by lay doubts and professional cautions which give interchange the character of a stiff ritual."

With the foregoing in mind, the material taken from the League's annual questionnaire to its membership is of interest. In regard to staff participation the following question was asked: Do you have a policy for staff participation with the board in the development of policies for the organization? One hundred and thirty member agencies replied to the question; 61 reported that they had no plan for staff participation in policy making; and 41 answered the question, "yes." However, from the detail given it is doubtful whether the plan went further than the ordinary use of a case committee or staff conference. Twenty-eight reported plans which led us to believe there was definite participation by staff and board in policy making for the organization. Those that reported they had such a plan seemed to find it of advantage in the operation of the agency for the best

service to the client. It will be stimulating to watch the growth of such developments.

Again to quote from the *Compass*: "In the professional social work scene no right is worth much that has not its practical uses. Even political democracy is being forced to find a present justification by proving that it is the best means to other economic and social ends. As for participation, it, too, does not flourish in the atmosphere of war: there seems to be no way of escaping its dictionary limitations: 'the state or act of sharing in common with others.' Participation, therefore, must involve something more than a right if it is not to end in sterile disappointment. If we look at our experience with participation in relation to clients, several clues become prominent. Perhaps for us, as for clients, participation is essential to the achievement of a serviceable purpose. Granting the necessity for participation, does the necessity then impose an obligation on all parties to the sharing in common—an obligation to be active, each in his own rôle but for a joint end?

"However intensely professional social workers may disagree about everything else, their fundamental reason for being social workers is to serve the client well. (Troublesome as participation may be, unless it governs the agency as an accepted principle and a practical method of working, the agency is bound to become obstructive to its own avowed purposes and fail to keep its promises to the community or meet its obligations to clients." In attacking participation as a respectable problem, are not the reasons for regarding it as a necessity the first principles to establish?"

—SYBIL FOSTER

1939 May Day

"THE Health of the Child is the Power of the Nation" will be the Child Health Day slogan for 1939. First used during the Children's Year campaign which ended in 1919—twenty years ago—the slogan is particularly appropriate this year, Children's Bureau officials point out, because 1939 will also be a year of national stock-taking in the field of child health and welfare.

This will mark the fourth consecutive year that the Children's Bureau of the United States Department of Labor, at the request of State and Provincial Health Authorities, has sponsored the annual celebration of May Day as Child Health Day, first suggested by a former Chief of the Children's Bureau and carried on for many years by the American Child Health Association until its dissolution in 1935.

Prevention of Delinquency Through Rehabilitation of the Family

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unquestionably represent the expression of desires and urges which are otherwise unsatisfied.

If a child feels neglected or rejected, if a child feels that a sibling is preferred over him, if a child feels inferior because of his poverty, then he is apt to become delinquent.

Drs. Healy and Bronner further state that: ". . . the effectiveness of moral teaching and of good example is dependent on emotional values attached to them by the child. The feeling tone about right conduct derives most powerfully from the emotional side of human relationships. Ethical concepts that have no personification have little force in the lives of young people."*

"There had been no strong emotional tie-up to anyone who presented a pattern of satisfactory social behavior. . . . The father or mother either had not played a rôle that was admired by the child or else, on account of the lack of a deep love relationship, was not accepted as an ideal."*

To the practical protective worker the question to be answered is, "How to go about preventing delinquency?"

Since the child's behavior is his reaction to his environment, since his attitude to his environment determines his usefulness to society, shall we endeavor to change the child's attitude, or shall we endeavor to modify his environment?

Dr. Plant, in "Personality and the Cultural Pattern," discusses the decision as to procedure as follows:

"There remains the question whether it is easier to modify the personality artificially or to change the environment to meet the needs of the individual. The earlier interest which those engaged in social work had in altering the environment has been largely lost, in the last generation, in the development of psychiatric theory. This is of grave importance in the whole program of social reform. It is not easy to build attitudes that in themselves have strength. If it were it would make little difference to people what the conditions of social living might be. It is possible, as the psychiatrist claims, that the Kingdom of God is within each individual. But it may be easier to alter the stresses about people than to try to build up the Kingdom of God within them regardless of the stresses about them."†

"Certainly a very fair share of the so-called 'habit problems' of children can be handled, and are han-

dled, by an alteration in the environment. The whole gamut of situations, from enuresis to failure to stick at 'homework,' is seriously affected by acute parental stress on the bad performance and complacent disregard of the good performance. Just why people so stress the faults of others again has been the subject of a vivid display of theories. The fact that the situation can be cleared so quickly leads to the possibility that the difficulty may be so prosaic a matter as ignorance. A great number of these problems have been dealt with, apparently with success, through the rather simple procedure of 'calling off the dogs.'‡

"We believe that the environment is artificially modifiable; that this sort of modification is a simpler process than that of attempting to modify the great number of individuals involved; and that there are situations in which the modification of the environment is apparently the only safe (or indeed possible) mode of procedure."‡

Thus advised, the social worker tackles the job.

Experience has taught her that being a member of a family, even a very poor family, means a good deal to a child. It means belonging to some one. The social worker, therefore, decides that her first effort will be directed toward strengthening the family relationship and interpreting the needs of the child to the parents. This is a uniform approach to all problems of children, no matter how discouraging the outlook may be. For every worker in a children's agency has had the devastating experience of caring for a child in an institution or a foster home, for years perhaps, and then suddenly discovering that nothing will make that youngster happy but a home with his own parents or, more often, with his own mother. He resents any type of substitute parents; he cannot settle down to any trade training or planned program; he wants just one thing—to find his own mother.

The story of Jimmie M. is an extreme case of such a tragedy in a boy's life, and I say "tragedy" because the youngster's education and economic advancement were completely sacrificed to his yearning to locate his own mother.

About eight years ago a woman telephoned me at my home one night, saying that a boy had come to her house asking for a night's lodging, explaining that he was afraid to go home because his mother would beat him if he did not bring in at least a dollar as the result of his sale of newspapers each afternoon. He had netted only sixty-five cents on this day and begged to be allowed to stay with the neighbor.

An investigation disclosed that Jimmie was an adopted child, the foster mother having gone to a hospital in a neighboring state and secured the in-

fant, without any investigation being made as to her motives. Relatives told us that the child was adopted secretly by the foster mother with the definite purpose of deceiving her paramour and persuading him to marry her. The scheme worked, but the marriage was short lived, and now the foster mother found herself with an unwanted child on her hands. She was forcing the boy to help support her and abusing the child constantly.

Jimmie was removed from this woman and placed in a foster home, where he seemed happy and was doing fairly well in school. However, he constantly inquired about his own mother and urged on the social worker in her search for this woman who had been unable to keep her child. Sometimes he himself suggested clues, but diligent effort never produced any information as to the real mother's whereabouts.

Jimmie apparently accepted philosophically the failure to locate his missing parent, but the longing to really belong to some one, to be like other boys and have a family of his own, seemed to grow stronger as the years rolled along, and no amount of friendship and interest satisfied that yearning. When Jimmie was sixteen years old, he accepted an offer to help run a store for a woman who had later married the paramour of his adoptive mother. This woman had become interested in Jimmie and planned to take him into her business and, if he proved helpful, to later make him her partner.

This seemed an excellent opportunity for a boy who disliked school and had become restless and dissatisfied with our efforts to get him through trade school. The social worker was filled with high hopes for the success of this plan, and every effort was made to help Jimmie feel that he was a lucky youngster. He seemed to share our hopefulness, and apparently was very happy for a while. Then, after a few months had passed, Jimmie suddenly disappeared, leaving a note saying that he had heard his own mother was in a neighboring city and he had gone to find her. Later we learned that Jimmie had been arrested and was in jail in a nearby city, charged with petty larceny. He had stolen food. We obtained his release, but he could not settle down and soon he disappeared again. This boy is probably still searching for the thing he missed most in life, the love of a real mother and the feeling of security that comes from belonging to a family. He is typical of many children who spend their lives seeking the answer to their loneliness and to their inability to settle down to any steady occupation.

Knowing the unhappiness that comes to children who have been deprived of a normal home life with

parents and family, the social worker is apt to decide that almost any kind of a family is better than a life removed from relatives. Hence the emphasis that is being placed upon rehabilitation of the family so that the child may continue his family relationships in an environment that will help to develop his personality and give him opportunities for normal self-expression. A happy child rarely becomes a serious delinquent. The child who feels deprived and thwarted is the one who strives to punish society for his unhappiness.

Prevention of delinquency, therefore, in the field of child welfare resolves itself into the prevention of neglect, and the increase of happiness through the development of normal personal relationships. This is a large order, requiring case-work skills and psychiatric interpretation by a child guidance clinic, but in the light of existing knowledge as to the causes of delinquency, we can logically follow no other plan.

As Dr. Plant so vividly states, much of the environmental strain and stress from which delinquent children suffer is due to ignorance and indifference on the part of parents. Where, in spite of ignorance, there are warm affection and a sympathetic attitude on the part of the parents toward the child, the most astounding results can be brought about through interpretation of the child's feeling and needs. Many a child who was rapidly becoming a serious delinquent has been changed in his attitude and outlook on life, provided his attitude has not persisted too long. This is not an overnight job—it involves months and even years of persistent effort on the part of social worker, psychiatrist and parents. But success spells human happiness, and that, after all, is the goal of the social worker.

* *NEW LIGHT ON DELINQUENCY AND ITS TREATMENT.* By William Healy, M.D., and Augusta F. Bronner, Ph.D. Yale University Press, New Haven. 1936.

† *PERSONALITY AND THE CULTURAL PATTERN.* By James S. Plant, M.D. The Commonwealth Fund, New York. 1937.

Mid-Western Regional Conference

THE Mid-Western Regional Conference of the Child Welfare League will be held at the Morrison Hotel, 79 West Madison Street, Chicago, Illinois, on April 14 and 15. When writing the Hotel for reservations, mention the Conference, as reduced rates are being given. Conference programs will be mailed shortly. For additional copies send your request to Conference Chairman, Leon H. Richman, of the Jewish Children's Bureau of Chicago, 130 North Wells Street, Chicago.

News and Notes

Development of Public Services

THE children of Iowa are due for many far-reaching benefits growing out of a complete revision of the child welfare statutes of that State if the recommendations that have been made become embodied in its statutes in due time. A study just completed by the Child Welfare League of America, directed by C. C. Carstens, Executive Director, and assisted by Frank D. Preston, General Secretary of the Children's Home Society of Virginia, recommends many changes, not only in the area of legislation, but in the functions of the private agencies in their relations to the Child Welfare Division of that State.

Aid to Dependent Children under the Social Security Act has not yet been made available to the children of Iowa. Of the fifty-one States and territories to which it applies, forty-two are now taking advantage of its provisions and get refunds from the Federal government of one-third of their expenditures.

There are now approximately 650,000 children receiving A.D.C. benefits under the Act, and \$8,625,000 was expended on 264,774 families in these forty-two States. The highest average expenditure per family in the month of December was \$65.03 in Massachusetts, the New York average of \$49 came next, and Rhode Island was third with \$47.41. Although the expenditures in some of the States is still so low that many families cannot maintain their children at home with the sums made available, it is interesting to note that from month to month the number of children benefited is increasing and also the average of the amount expended in the whole country shows some increase.

In the forty-two States and territories where A.D.C. funds are being administered under plans approved by the Social Security Board the number of recipients per 1,000 of the estimated population under 16 years is 22. There is, however, a great variation in the number aided. In Maryland and Arizona the number is 46, with Oklahoma having 43 and Utah 42. On the other hand, two States have an index figure of three and four respectively.

Iowa is but one of eighteen States to receive service within the past year from the Child Welfare League of America. The area in which the greatest number of problems fall seems to be with respect to the clarification of programs, namely, what the public agency shall undertake and what the private organization shall carry, so that services may be coordinated and not competitive.

New York Hobby Show

AT A TEA and reception given at the home of Dr. and Mrs. Smith Ely Jelliffe in New York City on the afternoon of Wednesday, March 15, it was announced that the Child Welfare League of America is sponsoring the Second American Hobby Show, which will be held next month. The American Hobby Show is held annually under the auspices of the American Hobby Federation. The entire proceeds of the Hobby Show, which will be held at the Spear Auditorium, 22 West 34th Street, will be devoted to the Child Welfare League's National Child Adoption Program.

At the tea on Wednesday, Paul Beisser, President of the Child Welfare League, introduced Commissioner William Hodson, of the New York City Department of Welfare. Mr. Hodson described the great need for intelligent handling of the adoption problem, and the importance to the child of understanding and sympathy in his early years. No matter how efficiently and intelligently the institution may be managed, the child suffers without the care and affection that are a part of the home environment, Mr. Hodson pointed out. He wished the League well in its project, and offered the services and cooperation of himself and his Department.

Mrs. Florence Sutro Esberg, Chairman of the Hobby Show Committee for the League, announced a greatly stimulated interest in the forthcoming event, and a growing list of distinguished patrons and patronesses.

Many men and women prominent in society will display their unusual collections for the first time in the Hobby Show. Silver caddy spoons, antique watches, finger-paintings and dolls will be among the unique exhibits. Admission will be twenty-five cents for adults and ten cents for children. The Hobby Show will open on April 3 and continue through April 22. Advance sale of tickets is now in progress.

The Committee, headed by Mrs. Esberg, includes: Lady Armstrong, Mrs. William S. Paley, Dr. A. A. Brill, Mrs. Jelliffe, and about fifty other members. Mrs. Henry Marx is Treasurer.

A partial list of patrons and patronesses of the Hobby Show includes: Governor and Mrs. Herbert Lehman, Mayor and Mrs. Fiorella H. LaGuardia, Mrs. James Roosevelt, Mrs. William Rhinelander Stewart, Mr. and Mrs. Lowell Thomas, Mrs. William Randolph Hearst, Mr. and Mrs. Lloyd Paul Stryker, Mr. and Mrs. August Hecksher, Mr. and Mrs. Burton Roscoe, Dr. Karl Menninger, Rt. Rev. Msgr. Robert F. Keegan, and many others.

Book Review

THE PSYCHOLOGY OF EARLY GROWTH. By Arnold Gesell and Helen Thompson. MacMillan Co., New York., 1938. \$4.00.

IN THIS volume is incorporated the studies and researches of the Yale Clinic of Child Development carried on by Dr. Gesell for over twenty years. A pioneer in the field of psychology of infant development, Dr. Gesell has succeeded in elaborating techniques of investigation of the processes of normal growth and development of the child from birth to school age.

Here is a distinct field, the importance of which can only be appreciated when it is projected into the future and one is confronted with the task of trying to solve the complex problems of the adjustment of men. Too little emphasis has been placed on so-called normal processes. When attempts are made to define these there is always variance.

Dr. Gesell states that behavior growth, unlike statural growth, which so often appears to be a matter of accumulation or aggrandizement, is instead a process of discarding, replacing, reorganizing and systematizing, as well as extending behavior.

The processes then which go to make up these changes which bring about the systematizing of function must be more clearly defined if we would be of help to people. We have tended to feel that through the study of the abnormal we come to know of the normal. Rather we must know more of normative growth in order to recognize undesirable trends at an earlier period, thereby preventing such faulty patterns from developing and becoming habituated in the person.

As is stated in the introduction of this book, it has been organized as a practical manual to replace the now out of print volume, "The Mental Growth of the Pre-School Child." The book deals with the selection of subjects, the various methods of investigation used in the selection of the infants for this research program, and the clinical procedures used in the study of the growth factors as they took place.

Drs. Gesell and Thompson have then stated their results through many statistical charts to show the norms of many different functions under scrutiny. From such tables and findings they have been enabled to present critical material on the genesis of functions of development and a clinical evaluation of the findings.

The Yale Clinic of Child Development has made ingenious and successful use of moving pictures as an aid in their own studies of infant behavior. Included in this volume among the Normative Examination procedures is a description of this technique

together with several pages of illustration, all of which show the intricacies as well as the thoroughness of the nature of research carried on in the clinic. Appendix B lists a number of reels of the many states of child development. These are available for use by other organizations.

The appendix also lists many of the charts and forms used in carrying out developmental studies. A study of these will, in itself, serve as a help to clinicians in pediatrics, child psychiatry, mental hygiene, nursery school, and kindergarten teachers, through providing them with many new ideas for their own observation as well as many leads in the matter of emphasis in treatment of those under their care.

The book is a comprehensive scientific contribution to a very essential field about which we still need to learn many things.

—EVERETT S. RADEMACHER, M.D.

The Contribution of Child-Caring Agencies in Solving Problems of Mental Disorders

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thusiastic about this new interest and was very eager to go on in that field. The placing agency was able to interest a fashionable dressmaker in her, and for several months paid a substantial tuition fee, in addition to paying for the girl's care in her foster home.

This country girl, so helpless three years ago, is aware of her success in the city establishment and is, on the whole, happily adjusted to life. In her own home, the only distinction she could achieve was ill health. The fact that in the foster home she was more skillful than the daughter of the family who was the same age, and the fact that the agency has provided her the opportunity to be somebody in the industrial life of the city has, no doubt, contributed to the change in her mental attitude. Occasionally, there is a mild recurrence of the old neurosis, but there is usually some basis for it, either emotional or physical. One of the symptoms, for instance, a stuffiness in her ears, is found to be due to a physical difficulty which was possibly overlooked in the earlier test.

The agency will have to see to it that harm is not done by giving so much assistance to the child that she will be dependent instead of independent. In the same way that parents become too subjective in relation to their own children, it is easy for visitors of children to become so attached to the child that they are not always perfectly objective in helping the child to become self-sufficient.